

EXHIBIT M

CJA 23 Rev. 5/98	FINANCIAL AFFIDAVIT		
IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE			
IN THE CASE OF IN UNITED STATES <input type="checkbox"/> MAGISTRATE <input type="checkbox"/> DISTRICT <input type="checkbox"/> APPEALS COURT or <input type="checkbox"/> OTHER PANEL (Specify below)			
_____ V.S. _____ _____	FOR _____ AT _____	LOCATION NUMBER <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
PERSON REPRESENTED (Show your full name) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	1 <input type="checkbox"/> Defendant—Adult 2 <input type="checkbox"/> Defendant - Juvenile 3 <input type="checkbox"/> Appellant 4 <input type="checkbox"/> Probation Violator 5 <input type="checkbox"/> Parole Violator 6 <input type="checkbox"/> Habeas Petitioner 7 <input type="checkbox"/> 2255 Petitioner 8 <input type="checkbox"/> Material Witness 9 <input type="checkbox"/> Other		DOCKET NUMBERS Magistrate District Court Court of Appeals
CHARGE/OFFENSE (describe if applicable & check box →) <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor			

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY															
ASSETS	EMPLOY- MENT	Are you now employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Am Self-Employed Name and address of employer: _____ IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment How much did you earn per month? \$ _____ If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____													
	OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; text-align: center;">RECEIVED</th> <th style="width: 50%; text-align: center;">SOURCES</th> </tr> <tr> <td colspan="2">IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES</td> </tr> <tr> <td style="border-bottom: 1px solid black;">\$ _____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> </table>		RECEIVED	SOURCES	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES		\$ _____	_____	_____	_____				
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\$ _____	_____														
_____	_____														
CASH	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, state total amount \$ _____														
PROP- ERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input type="checkbox"/> No <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; text-align: center;">VALUE</th> <th style="width: 50%; text-align: center;">DESCRIPTION</th> </tr> <tr> <td colspan="2">IF YES, GIVE THE VALUE AND \$ DESCRIBE IT</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> </table>		VALUE	DESCRIPTION	IF YES, GIVE THE VALUE AND \$ DESCRIBE IT		_____	_____	_____	_____					
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OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS _____ SINGLE _____ MARRIED _____ WIDOWED _____ SEPARATED OR _____ DIVORCED	Total No. of Dependents _____ List persons you actually support and your relationship to them (For names of minors list initials only) _____ _____ _____												
	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	APARTMENT OR HOME: (For home address, list City/State only) _____ _____ _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%; text-align: center;">Creditors</th> <th style="width: 20%; text-align: center;">Total Debt</th> <th style="width: 40%; text-align: center;">Monthly Paymt.</th> </tr> <tr> <td style="border-bottom: 1px solid black;">\$ _____</td> <td style="border-bottom: 1px solid black;">\$ _____</td> <td style="border-bottom: 1px solid black;">\$ _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">\$ _____</td> <td style="border-bottom: 1px solid black;">\$ _____</td> <td style="border-bottom: 1px solid black;">\$ _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">\$ _____</td> <td style="border-bottom: 1px solid black;">\$ _____</td> <td style="border-bottom: 1px solid black;">\$ _____</td> </tr> </table>	Creditors	Total Debt	Monthly Paymt.	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
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I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) _____

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)